

CHD Cohort Surveillance**Informant Interview Form****Data set name: C21FIA1_NP****Instructions:** The Informant Interview Form is completed for each informant for an out-of-hospital death as determined by the ARIC Event Investigation Summary.

<i>CONTYR</i>		<i>Record Sequence Number</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1872	1	
212	2	
33	3	

<i>ID</i>		<i>ARIC Occurrence ID</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2117	Present	Text suppressed

<i>IFIA00</i>		<i>Result Code</i>	<i>Q0</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
1209	01	Complete	
11	02	Partially complete	
38	03	Unknowledgable	
177	04	Refusal	
216	05	Informant away or can't be found	
3	06	Language barrier	
24	07	No one home	
99	09	Other (specify in Notes)	
340		Missing	

<i>IFIA01</i>		<i>Informant's Relationship To Deceased Q1</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
654	C	Daughter/son
56	F	Friend
32	O	Other
12	P	Parent
184	R	Other relative
619	S	Spouse
1	W	Workmate
559		Missing

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<i>IFIA02</i>		<i>First, think back to about one month before () died. At that time, was he/she sick or ill, with his/her activities limited, or was he/she normally active for the most part? Q2</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1	=	Data management code, treat as missing
527	N	Normally active
1022	R	Sick/ill/limited activities
6	U	Unknown
561		Missing

<i>IFIA03</i>		<i>Was () being cared for at a nursing home, or at another place at the time of death? Q3</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
48	A	Yes, assisted living [skip to Q5]
90	F	Yes, Hospice facility [skip to Q5]
559	H	Yes, at home [skip to Q5]
512	N	No [skip to Q5]
38	O	Yes, other [skip to Q5]
307	R	Yes, nursing home
2	U	Data entry error
561		Missing

<i>IFIA04</i>		<i>Could you tell me the name and location of the nursing home? Q4</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
13	N	No [skip to Q5]
289	Y	Yes
1815		Missing

<i>IFIA05</i>		<i>Hospitalized In Past Four Week Q5</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1053	N	No [skip to Q9]
32	U	Unknown [skip to Q9]
471	Y	Yes
561		Missing

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<i>IFIA06A</i>		<i>Hospitalized For Heart Attack or Chest Pain</i> <i>Q6a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
387	N	No [skip to Q9]
15	U	Unknown [skip to Q9]
64	Y	Yes
1651		Missing

<i>IFIA06B</i>		<i>Hospitalized For Heart Surgery</i> <i>Q6b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
442	N	No [skip to Q9]
7	U	Unknown [skip to Q9]
16	Y	Yes
1652		Missing

<i>IFIA06C</i>		<i>Hospitalized For Other Reason</i> <i>Q6c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
65	N	No
10	U	Unknown
217	Y	Yes
1825		Missing

<i>IFIA07_FOLLOWUP DAYS</i>		<i>Days Of Follow Up From Visit 1 To Date Of Hospital Admission Q7</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
55	Range	5 - 12258 (median=8407 mean=7271.7 std=3587.1)
2062		Missing

<i>IFIA07_YEAR</i>		<i>Year Of Date Of Hospital Admission Q7</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
55	Range	1988 - 2021 (median=2010 mean=2007.9 std=10.0)
2062		Missing

<i>IFIA08</i>		<i>Could you tell me the name and location of the hospital?</i> <i>Q8</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2	N	No
66	Y	Yes
2049		Missing

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IFIA09		Was () seen by a physician anytime in the last four weeks prior to death? Q9
N	Value	Description
488	N	No [skip to Q11]
140	U	Unknown [skip to Q11]
925	Y	Yes
564		Missing

IFIA10		Could you tell me the name and address of this physician? Q10
N	Value	Description
298	N	No
543	Y	Yes
1276		Missing

IFIA11		Could you tell me the name and address of ()'s usual physician? (If same as Q10 record as "same.") Q11
N	Value	Description
410	N	No
986	Y	Yes
721		Missing

IFIA12		Before ()'s final illness, had he/she ever had pains in the chest from heart disease, for example angina pectoris? Q12
N	Value	Description
943	N	No [skip to Q14]
114	U	Unknown
498	Y	Yes
562		Missing

IFIA13		Did () ever take nitroglycerin for this pain? Q13
N	Value	Description
178	N	No
114	U	Unknown
313	Y	Yes
1512		Missing

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IFIA14		Did a doctor ever say that () had a heart attack prior to his/her final illness? Q14
N	Value	Description
1072	N	No [skip to Q16]
69	U	Unknown [skip to Q16]
411	Y	Yes
565		Missing

IFIA15		Was () hospitalized for a heart attack? Q15
N	Value	Description
58	N	No
9	U	Unknown
342	Y	Yes
1708		Missing

IFIA16		Did he/she ever have a coronary bypass operation, balloon angioplasty or some other operation or procedure to improve the circulation of blood to the heart? Q16
N	Value	Description
1081	N	No
44	U	Unknown
428	Y	Yes
564		Missing

IFIA17		Did () ever have any other heart disease or heart condition before his/her final illness? Q17
N	Value	Description
906	N	No
110	U	Unknown
537	Y	Yes
564		Missing

IFIA18		Did () ever have a stroke? Q18
N	Value	Description
1144	N	No [skip to Q19b]
60	U	Unknown [skip to Q19b]
348	Y	Yes
565		Missing

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<i>IFIA19</i>		<i>Ifi19. Stroke In Four Weeks Before Death</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
271	N	No
24	U	Unknown
52	Y	Yes
1770		Missing

<i>IFIA19A</i>		<i>Stroke In Four Weeks Before Death Q19a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
202	N	No
21	U	Unknown
46	Y	Yes
1848		Missing

<i>IFIA19B</i>		<i>Have A History Of Cigarette Smoking Q19b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
652	N	No
13	U	Unknown
737	Y	Yes
715		Missing

<i>IFIA19C</i>		<i>Have A History Of Diabetes? Q19c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
875	N	No
15	U	Unknown
510	Y	Yes
717		Missing

<i>IFIA20</i>		<i>Dummy Field Q20</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
32	N	No
2	U	Unknown
1374	Y	Yes
709		Missing

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IFIA21		Stroke In Four Weeks Before Death Q21 Could you please tell me what you can of ()'s general health, on the day he/she died, and of the death itself? Q21 Were you present when () died? Q21 "The next set of questions may go over some of what you have already told me. Although it may seem repetitious, I must ask these questions for consistency of information.
N	Value	Description
980	N	No
573	Y	Yes
564		Missing

IFIA22		Did anyone see or hear () when he/she died? Q22
N	Value	Description
463	N	No
99	U	Unknown
415	Y	Yes [skip to Q25]
1140		Missing

IFIA23		Was anyone close enough to hear () if he/she had called out? Q23
N	Value	Description
266	N	No
88	U	Unknown
206	Y	Yes [skip to Q25]
1557		Missing

IFIA24		How long after () was last known to be alive was he/she found dead? Q24
N	Value	Description
9	A	5 minutes or less
66	B	1 hour or less
180	C	24 hour or less
39	D	more than 24 hours
57	U	Unknown
1766		Missing

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IFIA25		Where was () when he/she died? Q25
N	Value	Description
811	A	Home (or other private residence)
11	B	Work
15	C	In a public place
1	D	On a bus or public transportation
6	E	On the street
25	F	In an automobile
316	G	In a nursing home
143	H	In an emergency room
16	I	In an ambulance
34	J	In the hospital
160	O	Other
13	U	Unknown
566		Missing

IFIA26		Did () experience pain or discomfort in his/her chest, left arm, or shoulder or jaw either just before death or within 3 days (72 hours) of death? Q26
N	Value	Description
995	N	No [skip to Q30]
386	U	Unknown [skip to Q30]
170	Y	Yes
566		Missing

IFIA27		Did ()'s last episode of pain or discomfort specifically involve the chest? Q27
N	Value	Description
33	N	No
26	U	Unknown
110	Y	Yes
1948		Missing

IFIA28		Did he/she take nitroglycerin because of this last episode of pain or discomfort? Q28
N	Value	Description
108	N	No
33	U	Unknown
28	Y	Yes
1948		Missing

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<i>IFIA29</i>		<i>How long was it from the beginning of ()'s last episode of pain or discomfort to the time he/she stopped breathing on his/her own? Q29</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
15	A	5 minutes or less
8	B	10 minutes or less
37	C	1 hour or less
55	D	24 hour or less
28	E	more than 24 hours
26	U	Unknown
1948		Missing

<i>IFIA30A</i>		<i>Shortness of breath Q30a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1079	N	No
213	U	Unknown
257	Y	Yes
568		Missing

<i>IFIA30B</i>		<i>Dizziness Q30b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1145	N	No
321	U	Unknown
83	Y	Yes
568		Missing

<i>IFIA30C</i>		<i>Palpitations (pounding in the chest) Q30c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1158	N	No
360	U	Unknown
31	Y	Yes
568		Missing

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<i>IFIA30D</i>		<i>Marked or increased fatigue, tiredness, or weakness</i> <i>Q30d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
790	N	No
218	U	Unknown
541	Y	Yes
568		Missing

<i>IFIA30E</i>		<i>Headache</i> <i>Q30e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1187	N	No
306	U	Unknown
56	Y	Yes
568		Missing

<i>IFIA30F</i>		<i>Sweating</i> <i>Q30f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1172	N	No
244	U	Unknown
132	Y	Yes
569		Missing

<i>IFIA30G</i>		<i>Paralysis</i> <i>Q30g</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1287	N	No
231	U	Unknown
30	Y	Yes
569		Missing

<i>IFIA30H</i>		<i>Loss of speech</i> <i>Q30h</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1206	N	No
190	U	Unknown
153	Y	Yes
568		Missing

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<i>IFIA30I</i>		<i>Attack of indigestion or nausea or vomiting</i>	<i>Q30i</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
1164	N	No	
215	U	Unknown	
170	Y	Yes	
568		Missing	

<i>IFIA30J</i>		<i>Other symptoms</i>	<i>Q30j</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
1141	N	No	
157	U	Unknown	
251	Y	Yes	
568		Missing	

<i>IFIA31</i>		<i>Was a physician, ambulance, or other emergency medical team called?</i>	<i>Q31</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
611	N	No [<i>skip to Q35</i>]	
56	U	Unknown [<i>skip to Q35</i>]	
882	Y	Yes	
568		Missing	

<i>IFIA32</i>		<i>Was (the physician, ambulance, or EMS team) called because of symptoms () was having or after he/she was already dead?</i>	<i>Q32</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
500	D	Dead	
374	S	Symptoms	
1243		Missing	

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IFIA33		How long was it from the time the last episode of symptoms started to the time that medical assistance was called for? Q33
N	Value	Description
193	A	5 minutes or less
53	B	10 minutes or less
41	C	1 hour or less
12	D	6 hours or less
5	E	24 hour or less
1	F	more than 24 hours
71	U	Unknown
1741		Missing

IFIA34		How long was it from the time that medical care was called to the time when it arrived? Q34
N	Value	Description
112	A	5 minutes or less
125	B	10 minutes or less
58	C	1 hour or less
2	D	6 hours or less
76	U	Unknown
2	X	
1742		Missing

IFIA35		Were resuscitation measures, such as closed chest massage or CPR, attempted at the time? Q35
N	Value	Description
897	N	No [skip to Q38]
128	U	Unknown [skip to Q38]
522	Y	Yes
570		Missing

IFIA36		Who started the resuscitation or CPR? Q36
N	Value	Description
120	A	Bystander, non-health professional
17	B	M. D.
337	C	Ambulance attendant, paramedic, or other health professional
15	D	Fireman or policeman
10	O	Other
22	U	Unknown
1596		Missing

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IFIA37		Where was resuscitation or CPR started?	Q37
N	Value	Description	
375	A	Home (or other private residence)	
9	B	Work	
35	C	Public place	
13	D	Ambulance or other emergency vehicle	
15	E	Emergency room [skip to Q39]	
6	F	Hospital [skip to Q39]	
58	O	Other	
10	U	Unknown	
1596		Missing	

IFIA38		Was () taken to a hospital?	Q38
N	Value	Description	
1029	N	No [skip to Q40]	
25	U	Unknown [skip to Q40]	
474	Y	Yes	
589		Missing	

IFIA39		Could you tell me the name and location of this hospital?	Q39
N	Value	Description	
5	N	No	
385	Y	Yes	
1727		Missing	

IFIA40		Is there someone else whom we could contact, who might know more about the circumstances surrounding ()'s death or his/her usual state of health?	Q40
N	Value	Description	
1265	N	No [skip to Q43]	
2	U	Unknown [skip to Q43]	
113	Y	Yes	
737		Missing	

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<i>IFIA41</i>		<i>Could you tell me the name, address, and telephone number of this person?</i> <i>Q41</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
3	N	No
110	Y	Yes
2004		Missing

<i>IFIA42</i>		<i>How was he/she related to the deceased?</i> <i>Q42</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
38	C	Daughter/son
10	F	Friend
46	O	Other
1	P	Parent
13	R	Other relative
4	S	Spouse
2005		Missing

<i>IFIA43</i>		<i>Did the respondent frequently contradict himself/herself or give information that he/she would have no way of knowing?</i> <i>Q43</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1541	N	No
11	Y	Yes
565		Missing

<i>IFIA44</i>		<i>Did the respondent seem to be reluctant to answer questions and thus might not have given all the information the interviewer would wish to know?</i> <i>Q44</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1523	N	No
28	Y	Yes
566		Missing

<i>IFIA45</i>		<i>On the basis of these questions, give your rating of reliability of the interview</i> <i>Q45</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
241	F	Fair
1273	G	Good
39	P	Poor
564		Missing

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<i>IFIA46</i>		<i>Would you like to add other details concerning the quality of the interview? Q46</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1258	N	No
142	Y	Yes
717		Missing

<i>IFIA47</i>		<i>Informant agreed to provide consent to gather further information? Q47</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
656	A	Not applicable
339	N	No
400	Y	Yes
722		Missing

<i>IFIA48_FOLLOWUP DAYS</i>		<i>Days Of Follow Up From Visit 1 To Date Of Data Collection Q48</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2107	Range	38 - 13020 (median=8694 mean=8051.8 std=3269.4)
10		Missing

<i>IFIA48_YEAR</i>		<i>Year Of Date Of Data Collection Q48</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2107	Range	1987 - 2023 (median=2012 mean=2010.2 std=8.9)
10		Missing

<i>IFIA49</i>		<i>Method Of Data Collection Q49</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
410	C	Computer
1694	P	Paper
13		Missing

<i>IFIA50</i>		<i>Interviewer Code Number Q50</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2106	Present	Text suppressed
11		Missing

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<i>IFIA51</i>		<i>Second IFI Form Needed</i>	<i>Q51</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
117	A		
2000		Missing	

<i>IFIA52</i>		<i>PHQ Nursing Home Needed</i>	<i>Q52</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
290	B		
1827		Missing	

<i>IFIA53</i>		<i>PHQ Recent MD</i>	<i>Q53</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
596	C		
1521		Missing	

<i>IFIA54</i>		<i>PHQ Usual MD PHQ Needed</i>	<i>Q54</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
1024	D		
1093		Missing	

<i>IFIA55</i>		<i>HRA Most Recent Hospitalization Needed</i>	<i>Q55</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
71	E		
2046		Missing	

<i>IFIA56</i>		<i>HRA Other Hospitalization Needed</i>	<i>Q56</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
2117		Missing	

<i>IFIAFLAG</i>		<i>=1 If IFIA (Or Later Version) Is Present</i>	
<i>N</i>	<i>Value</i>	<i>Description</i>	
2117	1		